

AMENDMENT 89-10
T.L. 89-10
JULY 1, 1989

State Supplement A to Attachment 3.1A

Item 1 Inpatient Hospital Services

- a. Abortion services are limited as described in Item 5. Sterilization Services and hysterectomies are limited as described in Item 4.c.
- b. Payment for a private room is limited to those instances in which the Medicaid patient requires isolation either to protect the health of the recipient or to protect the health of others.
- c. Grace Day - When it is determined that an individual no longer needs acute level care, the Department will allow one additional day of care upon approval.
- d. Awaiting Placement Days - When it is determined that an individual no longer needs acute level care, but a lower level of care placement cannot be located, those days during which a client is awaiting placement in a lower level of care and termed "awaiting placement days". For the "awaiting placement days", no ancillary services will be covered. Medically necessary physician visits are not included in this limitation.
- e. Certain hospital service procedures require prior approval. The procedures that require prior approval are primarily those for which the medical necessity may be uncertain, which may possibly be for cosmetic purposes, or which may be of questionable effectiveness or long term benefit.
- f. Certain procedures are to be performed in the office, clinic, or as an outpatient institutional service as an alternative to hospitalization. Copies of the list can be obtained from the Medical Assistance Division.
- g. Experimental procedures are limited as described in item 5.

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Item 2a. Outpatient Hospital Services

- a. Abortion services are limited as described in Item 5. below. Sterilization services and hysterectomies are limited as described in Item 4.c below.
- b. Physical therapy, occupational therapy, speech therapy, and other rehabilitation medical services are covered on a prior approval basis.
- c. Services, supplies, or equipment which require prior approval when performed in an office setting require the same when performed in an outpatient hospital setting.
- d. Outpatient hospital psychiatric services are subject to the following limitations and conditions, effective October 1, 1987:
 1. Coverage Criteria - The services rendered must comply with current State Mental Health Code and Health and Environment Department standards and regulations, and must meet the following criteria:
 - (a) Individualized Treatment Plan - Services must be prescribed by a psychiatrist or certified Ph.D. psychologist and provided under an individualized written plan. A plan is not required if less than 6 services will be furnished in a period of less than six weeks and there is no plan to continue to see the recipient.
 - (b) Supervision and Evaluation - Services must be supervised and evaluated by a psychiatrist or certified Ph.D. psychologist.

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- (c) Reasonable Expectation of Improvement-
Services must be for the purpose of
diagnostic study or reasonably expected to
improve the patient's condition.

2. The following are not covered:

- (a) Meals and transportation, (transportation
services are covered subject to the
transportation program requirements and
regulations).
 - (b) Activity therapies or other services which
are primarily recreational or diversional in
nature.
 - (c) Programs which are generally community
support groups in non-medical settings for
chronically mentally ill persons for the
purpose of social interaction.
 - (d) Vocational training.
 - (e) Patient education programs.
 - (f) Services to treat social maladjustments
without manifest psychiatric disorders
including occupational maladjustment,
marital maladjustment, and sexual
dysfunction.
 - (g) Services or programs which the Medicare
intermediary determines to be non-covered
under their outpatient hospital psychiatric
services regulations for reasons of medical
necessity.
- e. Experimental procedures are limited as described in
Item 5.

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Item 2b. Rural Health Clinic Services

- a. Abortion services are limited as described in Item 5. Sterilization services and hysterectomies are limited as described in Item 4.c. Footcare and other physician services are limited as described in Item 5.
- b. Some services require prior approval, among them are the following:
 1. Services which require prior approval under Physician Services of the Medical Assistance Program also require prior approval for rural health clinics.
 2. Prior approval requirements for dental and pharmacy services must be in accordance with the specific requirements for those programs.

Item 2c. Federally Qualified Health Center Services

The following services are limited in coverage when provided by a federally qualified health center as specified in the State Plan for other providers in State Supplement A to Attachment 3.1A.

- a. Dental Services
- b. Vision Appliances
- c. Hearing Appliances
- d. Routine Foot Care
- e. Prosthetics and Orthotics
- f. Medical Supplies Equipment

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Item 3 Other Laboratory and X-ray Services

- a. A professional component associated with laboratory services is covered only when the work is actually performed by a pathologist who is not billing for the complete procedure and is covered only for anatomic and surgical pathology (includes cytopathology and histopathology).
- b. Specimen collection fees are covered when drawn by venipuncture or collected by catheterization unless the patient is in a nursing home. Specimen collection fees are not payable for nursing home recipients.
- c. Laboratory tests are not covered if the tests are conveyed from an ordering physician's office to a different physician's office, office laboratory, or non-certified laboratory. Physician and other private practitioners may not bill for laboratory tests which are sent to an outside laboratory or other facility.
- d. Laboratory specimen handling or mailing charges are not a benefit of the program.
- e. Individual lab procedures that are routinely considered to be included in a profile or panel must be billed as a panel.
- f. The following services require prior approval (or retrospective approval following an emergency or retrospective eligibility):
 1. Cytogenetic Studies.
 2. Outpatient Magnetic Resonance Imaging.

Item 4b EPSDT Services In Excess of Federal Requirements

Nutritional assessment and nutritional counseling.

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Item 4b EPSDT Services Not Otherwise In The State Plan

All services provided in Section 1905(a) of the Act which are medically necessary to correct or ameliorate defects and physical and mental illnesses and conditions identified during an EPSDT screen, periodic or interperiodic, whether or not such services are covered or exceed the benefit limits in the state plan, are provided.

Specifically, the following services, which are not otherwise covered under the state plan, are provided when medically necessary:

1. Case management for medically at risk children and adolescents.
2. In-Patient services provided by institutions accredited by JCAHO as well as licensed by the New Mexico Department of Health, including free standing psychiatric facilities and residential treatment centers. Services must be provided under the direction of a physician.

Residential treatment center services are primarily for children or adolescents who have been diagnosed as having a severe emotional disturbance, mental disorder, or chemical dependency (drugs or alcohol), and for whom less restrictive settings are not appropriate. Services must be designed to reduce or control the individual's symptoms or maintain the individual's level of functioning.

3. Outpatient services provided by institutions accredited by JCAHO as well as licensed by the New Mexico Department of Health, including free standing psychiatric facilities. Services must be prescribed by a physician or licensed Ph.D. psychologist.
4. Services provided by licensed masters level practitioners, or by masters level counselors who are graduates of an accredited program. Services must be supervised by a licensed Ph.D. psychologist or a psychiatrist.

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Services must be rendered through a community mental health center as designated by the New Mexico Department of Health, a Federally Qualified Health Center, or provider accredited by the Council on Accreditation of Services for Families and Children.

5. Services of licensed masters level independent social work practitioners.
6. Private duty nursing services. Services must be provided through a licensed nursing agency, home health agency, or by a Federally Qualified Health Center. Services must be provided by a registered nurse or a licensed practical nurse.
7. Services of Christian Science Nurses.
8. Personal care services. Services must be provided by an agency licensed by the state.
9. Chiropractic services. Services must be provided by chiropractors licensed by the state.
10. Orthodontic and other dental services not otherwise covered under the state plan. Services must be provided by a dentist licensed by the state.
11. Therapies (physical, speech-language-hearing, occupational, and other rehabilitative therapies) provided by licensed individual therapists and centers. Included are rehabilitative services and therapies which are considered "maintenance" rather than "restorative" in nature.
12. Supplies, prosthetics, orthotics, and durable medical equipment to meet special physical needs.
13. Psychosocial services which are rehabilitative in nature and furnished in accordance with a written treatment plan. Specifically excluded from coverage are room and board, educational programs, and vocational training.

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Services are as defined in Dallas Regional Medical Services Letter (DRMSL) No. 92-73. They may be provided in either residential or home and community settings. Residential settings include Residential Treatment Centers and Group Homes. Non-residential settings include the home (natural, adoptive, or specialized therapeutic foster care), the school, or any other natural setting within the community. Actual services/settings consist of Non-JCAHO accredited Residential Treatment Centers; Group Homes; Treatment Foster Care; Behavior Management; and Day Treatment.

Each individual has a level of dysfunction determined by an interdisciplinary panel. The level is based upon diagnoses, psychological evaluations, and psychosocial criteria including current situations and past history concerning family and placements.

Activities include individual and group counseling and therapy; activities of daily living which facilitate age-appropriate skills re-development in the areas of household management, nutrition, physical and emotional health, basic skills, time management, money management, independent living, relaxation and self care techniques; crisis intervention.

Providers must be trained and certified in the services being provided, in accordance with the applicable certification standards adopted by the Department. The Department has adopted those certification standards for EPSDT psychosocial rehabilitation services promulgated and administered by the Children, Youth and Families Department. Providers must meet the qualifications as listed for their particular service in these standards.

Services may require prior approval as outlined in the State regulations pertaining to that service to assure medical necessity. Services may require a Plan of Care as outlined in the State regulations pertaining to that service.

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14. Specific school based services provided by school districts or local education agencies certified by the State Department of Education. Services include EPSDT screens (periodic, interperiodic and partial); skilled nursing services; mental health services; case management; occupational therapy; physical therapy; speech pathology; audiology services; and transportation to and from medically necessary services prescribed in an Individual Education Plan (IEP) or an Individualized Family Service Plan (IFSP).
15. Special rehabilitation services which are evaluative, diagnostic and treatment in nature and necessary to correct any defects or conditions or to teach compensatory skills for deficits that directly result from a medical condition. These services include obtaining, interpreting and integrating the above evaluative, diagnostic and treatment information appropriate to an individual's Individualized Family Service Plan.

Special rehabilitation services include the following:

- (a) Speech, Language and Hearing: These are services for individuals with speech, language and hearing disorders. The services are provided by or under the direction of a speech pathologist or audiologist, as the result of a referral by a physician as defined in 42 CFR 440.110(c). These services mean evaluations to determine an individual's need for these services and recommendations for a course of treatment; and treatments to an individual with a diagnosed speech, language or hearing disorder adversely affecting the functioning of the individual.
- (b) Occupational Therapy: These services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice and provided by or under the direction of a qualified occupational therapist as defined in 42 CFR 440.110(b). These services mean evaluations of problems interfering with an individual's functional performance and therapies which are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem interfering with age appropriate functional performance.
- (c) Physical Therapy: These services are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice and provided by or under the direction of a qualified physical

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therapist as defined in 42 CFR 440.110(a). These services mean evaluations to determine an individual's need for physical therapy and therapies which are rehabilitative, active or restorative, and designed to correct or compensate for a medical problem.

- (d) Psychological, Counseling and Social Work: These services mean diagnostic or active treatments with the intent to reasonably improve the individual's physical or mental condition as prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice. They are provided to individuals whose condition or functioning can be expected to improve with these interventions. These services are performed by a licensed or equivalent psychological, counseling and social work staff acting within their scope of practice. These services include but are not limited to testing and evaluation that appraise cognitive, emotional and social functioning and self concept; therapy and treatment that is planning, managing, and providing a program of psychological services to individuals with diagnosed psychological problems.
- (e) Developmental Evaluation and Rehabilitation: These services mean testing performed to determine if motor, speech, language and psychological problems exist or to detect the presence of any developmental lags. Services include diagnostic, evaluative and consultative services for the purposes of identifying or determining the nature and extent of, and rehabilitating an individual's medical or other health-related condition. These services are performed by or under the supervision of a licensed physician or other provider acting within their scope of practice.
- (f) Nursing: These services are performed by a Nurse Practitioner, Registered Nurse, or Licensed Practiced Nurse within the scope of his/her practice relevant to the medical and rehabilitative needs of the individual. They are prescribed by a physician or other licensed practitioner of the healing arts within the scope of his or her practice. Services include medication administration/monitoring, catheterization, tube feeding, suctioning, screening and referral for health needs and explanations of treatments, therapies, and physical or mental conditions with family or other professional staff.

Providers of special rehabilitation services must be certified by the Department of

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